

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

** ~~AMENDED~~ **APPROVED**
AND
FILED

1997 NOV 12 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **104318**

1. Corporation Name

IMPEX SERVICES GROUP, INC.

Principal Place of Business 4160 W. 16th Ave. Suite 402 Hialeah, FL 33012	Mailing Address 4160 W. 16th Ave. Suite 402 Hialeah, FL 33012
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/06/92	3a. Date of Last Report 01/26/96
4. FEI Number 65-0303781	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**VALDES, JUAN E.
4160 W. 16th Ave., Suite 402
Hialeah, Florida 33012**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering) _____ DATE _____

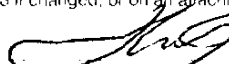
12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	VALDES, JUAN E	
STREET ADDRESS	4160 W. 16th Ave., Suite 402	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	V	☐ DELETE
NAME	FORTES, HECTOR	
STREET ADDRESS	4160 W. 16th Ave., Suite 402	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	T	☐ DELETE
NAME	FORTES, HUGO	
STREET ADDRESS	4160 W. 16th Ave., Suite 402	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	S	☐ DELETE
NAME	JIMENEZ, JULIA	
STREET ADDRESS	4160 W. 16th Ave., Suite 402	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	V	☐ DELETE
NAME	CASTILLO, OSVALDO	
STREET ADDRESS	4160 W. 16th Ave., Suite 402	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	200002346682--2
13 STREET ADDRESS	-11/13/97--01080--014
14 CITY-ST-ZIP	*****61.25 *****61.25
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **JUAN E. VALDES** President 11-4-97 305-825-1985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day in c. Month in n.)

CR2E034 (9/96)